



PANDEMIC INFLUENZA U•P•D•A•T•E



CDC Prepares

INSIDE CDC

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Fast Facts

How Prepared Are You?

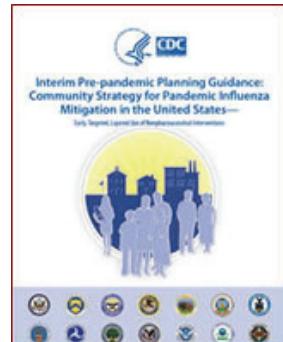
In recent years, the American people have been urged to "get ready" and to prepare for emergencies.

The Public Readiness Index (PRI) is a first-of-its kind tool for individuals, families and communities to determine and evaluate their readiness. See how you stack up against the national average and learn specific steps you can take to better prepare yourself and your family, as well as things you can do to encourage your community, schools, and workplace to be better prepared.

If You Are Asked . . .

What Measures Can a Community Take to Prevent Death During an Influenza Pandemic?

School closures and other community strategies designed to reduce the possibility of spreading disease between people during an epidemic can save lives, particularly when the measures are used in combination and implemented soon after an outbreak begins in a community, according to a new study based on public records from the 1918-1919 influenza pandemic.



The findings, which are published in the Aug. 8 issue of the *Journal of the American Medical Association*, provide vital clues to help public officials planning for the next influenza pandemic and highlight the importance of community strategies. These strategies are particularly important because the intervention most likely to provide the best protection against pandemic influenza — a vaccine — is unlikely to be available at the outset of a pandemic. Community strategies that delay or reduce the impact of a pandemic (also called non-pharmaceutical interventions) may help reduce the spread of disease until a vaccine that is well-matched to the virus is available.

Scientists from the Centers for Disease Control and Prevention (CDC) and the University of Michigan Medical School's Center for the History of Medicine completed an exhaustive review of public records such as health department reports, U.S. Census mortality data and newspaper archives.

"Communities that were most successful during the 1918 pandemic quickly enacted a variety of measures," said Dr. Martin Cetron, director of CDC's Division of Global Migration and Quarantine and senior author of the study. "Those planning for the next pandemic need to carefully consider how to best use these strategies to protect people and decrease the potential impact of the next pandemic in their communities." ([Full Story](#))

CDC Prepares

EXERCISE. EXERCISE. EXERCISE. It's only an exercise. But it's a frightening scenario. Around the world, people are dying of H5N1. WHO declares a pandemic. A virus is afoot. As the outbreak develops, some people are fleeing their neighborhoods, others are self-isolating. Urgent phone calls are pouring into CDC INFO; press conferences are held; and scientists are working around the clock to try to better understand the deadly virus and make containment and control strategies and decisions.

A pandemic flu preparedness exercise was held in CDC's DEOC August 14 - 15, the third in an ongoing series this year. As the exercise began, it picked up on day six of CDC's response to an influenza outbreak: staff were well into the



Marsha Vanderford, PhD, JIC lead confers with co-lead Dan Rutz. "In this exercise we have all teams activated and are testing our ability to coordinate, clear and distribute information in real time," says Vanderford. Photo by Kathy Nellis

PanFlu Exercise in the News

- Ted Cieslak and Dr. Julie Gerberding on WSB-TV
- Dr. Julie Gerberding on FOX News
- Dr. Richard Besser, COTPER, on WAGA

scenario established in exercises held in January and April this year. But this time there were more players and more questions to be answered.

The focus of this 48-hour exercise was CDC's surge requirements, explains Phil Navin, Division Director, DEOC. Those surge requirements include personnel and emergency resources sent in the response. The idea -- to simulate conditions which would unfold during a real emergency. ([Full Story](#))

CDC Recommends

Pandemic Workforce Protection Plan

In response to the Pandemic Influenza Operations Plan, the Office of Health and Safety was tasked with establishing a pandemic influenza countermeasures program for CDC employees and contractors. The CDC Pandemic Workforce Protection Plan (PWPP) was created in response to this task, to educate employees about Workforce Protection and Preparedness; OHS's Roles and Responsibilities for Pandemic Readiness and Response; Pandemic Related Deployment Considerations; and to provide employee resources.



This plan follows guidance provided by the Office of Security and Emergency Preparedness in the CDC Continuity of Operations Plan (COOP) as well

as the Influenza Pandemic COOP Annex. The PWPP and all COOP-related documents are meant to be complementary and may intersect in a number of areas. ([View the Pandemic Workforce Protection Plan](#))

Pass This On

Pandemic Influenza Prevention Strategies

Currently, the United States and the world are in the Pandemic Alert period, which means an influenza pandemic is likely to develop. We are not experiencing a pandemic at this time; however, scientists are concerned that the next pandemic could develop based on a virulent strain of avian influenza (H5N1), which has spread from human to human in other countries.

For additional information on pandemic influenza, visit HHS' website www.pandemicflu.gov. Also, the strategies outlined on the Director's Pandemic Flu Intranet site can help prevent the spread of various types of influenza which circulate during annual flu seasons, which typically occur each November - May in the United States. The same strategies will also be helpful in preventing the spread of pandemic influenza, should a pandemic occur. ([Prevention Strategies](#))

Update on H5N1**Animal Situation Update:**

On August 7, Pakistan reported one new outbreak of H5N1 virus infection on a commercial farm of 60,000 16-week old broiler and breeder poultry. Introduction of new animals was reported as the source of the infection. Culling of remaining birds was carried out and ring vaccination in a 3-km-radius zone around the outbreak was implemented.

Myanmar reported one new outbreak of H5N1 virus infection, August 2, on a farm of 5,213 layers. Fifty birds died and the remaining birds were destroyed along with 1,019 eggs. Control measures have been applied.

On July 31, France reported H5N1 infection in two wild swans found dead in Moselle province near the site of the outbreak reported on July 5. Control of wildlife reservoirs and zoning has been implemented.

NIH Scientists Target Future Pandemic Strains of H5N1 Avian Influenza

Preparing vaccines and therapeutics that target a future mutant strain of H5N1 influenza virus sounds like science fiction, but it may be possible, according to a team of scientists at the National Institute of Allergy and Infectious Diseases (NIAID), a component of the National Institutes of Health (NIH), and a collaborator at Emory University School of Medicine. Success hinges on anticipating and predicting the crucial mutations that would help the virus spread easily from person to person.

Led by Gary Nabel, M.D., Ph.D., director of the NIAID's Dale and Betty Bumpers Vaccine Research Center (VRC), the team is reporting in the August 10, 2007 issue of the journal *Science* that they have developed a strategy to generate vaccines and therapeutic antibodies that could target predicted H5N1 mutants before these viruses evolve naturally. This advance was made possible by creating mutations in the region of the H5N1 hemagglutinin (HA) protein that directs the virus to bird or human cells and eliciting antibodies to it. ([Full Story](#))

September is...

National Preparedness Month

"Preparing Makes Sense!"

**Get a Kit, Make a Plan,
Be Informed**

India reported an outbreak of H5N1, July 26, in backyard poultry in Manipur state. A total of 133 of 144 susceptible birds died and the remaining birds were destroyed. The source of the infection is unknown. Control measures have been applied. This is the first outbreak in India since February 2006. [View the update on avian influenza in animals at the World Organization for Animal Health site.](#)

Human Situation Update:

On August 14, WHO reported a new case of H5N1 virus infection in a 29-year-old female from Bali Province, Indonesia. She developed symptoms August 3, was hospitalized August 7 and died August 12. She had been exposed to

sick and dead poultry prior to her infection. The case also had a 5-year-old daughter who died with a respiratory illness in late July with prior exposure to sick and dead poultry. She was not suspected of having avian influenza at the time and was not tested. Contacts of the case are being monitored.

On July 25, WHO reported a new case of H5N1 virus infection in a 25-year-old female from Egypt. She developed symptoms on July 20 and was hospitalized July 21. She remains in stable condition. Exposure to sick and dead poultry is reported as the source of infection. [Visit the WHO Web site for the most recent human cases reports.](#)

NVAC/ACIP Recommendations for Prioritization of Pandemic Influenza Vaccination

As shown in the figure to the right, certain CDC critical responders providing direct patient care, along with CDC lab workers providing essential vaccine production support, would be eligible for vaccination in Tier 1A. CDC workers over age 65 with at least one high-risk condition would be eligible in Tier 1B. Other CDC public health response personnel would be eligible in Tier 1D.

Tier 1A	Health Care Workers <ul style="list-style-type: none"> • Health care workers with direct patient contact and critical health care support • Vaccine and antiviral manufacturing personnel
Tier 1B	Highest-Risk Groups <ul style="list-style-type: none"> • Patients 65 and older with at least one high-risk condition • Patients 6 months to 64 years with at least two high-risk conditions • Patients hospitalized in the past year because of pneumonia, influenza or another high-risk condition
Tier 1C	Household Contacts and Pregnancy <ul style="list-style-type: none"> • Household contacts of children under 6 months • Household contacts of severely immunocompromised individuals • Pregnant women
Tier 1D	Pandemic Responders <ul style="list-style-type: none"> • Key government leaders and critical pandemic public health responders
Tier 2A	Other Highest-Risk Groups <ul style="list-style-type: none"> • Patients 65 and older with no high-risk condition • Patients 6 months to 64 years with one high-risk condition • Children 6 months to 23 months
Tier 2B	Critical Infrastructure Groups <ul style="list-style-type: none"> • Other public health emergency responders, public safety workers, utility workers, critical transportation workers and telecommunications workers
Tier 3	Other Key Government Health Care Decision Makers <ul style="list-style-type: none"> • Individuals providing mortuary services
Tier 4	<ul style="list-style-type: none"> • Healthy patients 2 to 64 years without any high-risk conditions

Pandemic Influenza Update: Reader's Feedback

The monthly Pandemic Influenza Update is prepared by CDC's Priority Communication System and is intended for INTERNAL USE ONLY. Information in this newsletter is time sensitive and evolving. Readers are welcome to comment by email to: panupdate@cdc.gov